

<b>Candidate's First Name(s):</b>
<b>Candidate's Surname:</b>
<b>Religious Denomination:</b>
<b>Your Local Authority of Residence:</b>

## SUPPLEMENTARY INFORMATION FORM SECONDARY SCHOOL TRANSFER



### THE JOHN FISHER SCHOOL

*Nurturing Young Catholic Gentlemen  
Aspiring for Academic, Cultural and Sporting Excellence*

**PEAKS HILL, PURLEY, SURREY, CR8 3YP**

**Please read the following notes before completing this form, you should also refer to the Admissions Policy, and in particular the explanatory notes.**

**Catholic Applicants** should complete the Local Authority Form through their Local Authority website, this Supplementary Information Form and a Parish Priest Reference. A copy of the Candidate's Baptism certificate should also be submitted with an English translation where necessary.

Candidates from other **Christian denominations** should complete the Local Authority form, this Supplementary Information Form and a Religious Leader Form.

Candidates of other faiths/non-faiths should complete the Local Authority Form and the Supplementary Information Form only.

Please complete the Application Form on the website of the Authority in which the Candidate resides and the Supplementary Information Forms and return them to the School by **31<sup>st</sup> October 2023**.

If any of the information given on this form changes before you are notified of the outcome of the application, you **must** inform the Admissions Department and your Local Authority in writing immediately. Failure to do so may prejudice the Application. False information or the omission of material information may result in disqualification or even the loss of a place after it has been offered, accepted or taken up.

In this Supplementary Information Form:-

'CANDIDATE' means the Boy for whom a place is sought.

'APPLICANT' means the Parent\* of the Candidate.

\*The term 'Parent' also includes any person who is not a parent of the Candidate but who has parental responsibility (as defined by the Children Act 1989)

**SECTION A DETAILS OF CANDIDATE AND APPLICANT**

1. YEAR GROUP FOR WHICH APPLICATION IS BEING MADE (e.g. Year 7)

**2. DETAILS OF CANDIDATE (Boy)**

<b>First Name(s)</b>	
<b>Surname</b>	
<b>Date of Birth (dd/mm/yy)</b>	
<b>Home Address</b> (this must be the Candidate's permanent residence)  <b>Postcode</b>	
<b>Religious Denomination (e.g., Roman Catholic, C of E, etc.)</b>	

**3. DETAILS OF APPLICANT (Parent/Carer)**

<b>Applicant</b>	<b>Title</b>	<b>First Name</b>	<b>Surname</b>
<b>Relationship to Candidate</b>			
<b>Address, including postcode</b> (if different from Candidate's address given above)			
<b>Contact Information</b>	<b>Contact Telephone Number</b>	<b>Email Address:</b>	

**4. DETAILS OF OLDER SIBLING(S) WHO WILL BE ATTENDING THE JOHN FISHER SCHOOL IN SEPTEMBER 2024**

Full Name	Date of Birth	Current Year Group and House

## SECTION B INFORMATION ABOUT THE SACRAMENT OF BAPTISM

### 1. CANDIDATE'S SACRAMENT OF BAPTISM

Date	Parish and Town	Copy of Certificate attached	(please tick)
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### SECTION C MASS/CHURCH ATTENDANCE:

(a separate Parish priest reference/religious leader form is also required)

The suspension of the obligation to attend Sunday Mass was announced on 18th March 2020 by the Bishops' Conference of England and Wales.

If a candidate attended Mass at a particular parish (or parishes) prior to 18th March 2020 then they will be considered to have attended Mass in that parish (or parishes) regularly between March 2020 and June 2022.

### 1. FREQUENCY. Please circle which applies in each case

Candidate	Weekly	Fortnightly	Less than Fortnightly	Never
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### 2. FOR HOW LONG HAS THIS BEEN THE USUAL PRACTICE?

YEARS

### 3. DETAILS OF PARISH AND PRIEST

Name and town of the Parish to which the Candidate belongs. (e.g. Holy Family, Sutton Green)	
How long has the Candidate belonged to the Parish?	
Name and address of the priest who knows the Candidate and Applicant and to whom you have handed the Priest's Reference Form. Normally this is your Parish Priest but you may seek a reference from another Catholic Priest who knows you.	Priest's Name  Priest's Address

**SECTION D**

Please use this section to provide any additional information which you would like to be considered in support of your application. Any mitigation that you wish the Admissions Committee to consider must be supported by official documentation from an appropriate professional authority e.g. qualified medical practitioner, education welfare officer, social worker or priest.

**SECTION E SIGNATURE OF APPLICANT**

I confirm that the information given on this Supplementary Information Form is correct and that I have not omitted any material information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*The School is committed to protecting the information provided by the applicants and using it for only the purpose for which it was obtained. For information on the school's Privacy Notice please refer to the school website.*